

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90030 017 \*\*\*150.00

**DOCUMENT # L78840**

**1. Entity Name**  
**WENDY SULLIVAN PROFESSIONAL ASSOCIATION**

**Principal Place of Business**

**MM 22.8 US #1**  
**CUDJOE KEY FL 33042**  
**US**

**Mailing Address**

**P.O. BOX 420428**  
**SUMMERLAND KEY FL 33042**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**65-0203527**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**GREENMAN, FRANKLIN D.**  
**5800 OVERSEAS HIGHWAY**  
**SUITE 40**  
**MARATHON FL 33050**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE**

*[Handwritten Signature]*

*2/5/02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐  
Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **SULLIVAN, WENDY**  
**STREET ADDRESS** **E. CARIBBEAN DR. BOX 428**  
**CITY-ST-ZIP** **SUMMERLAND KEY FL**

**TITLE** **D** ☒ Delete  
**NAME** **KNUTH, PATRICIA**  
**STREET ADDRESS** **PO BOX 1014**  
**CITY-ST-ZIP** **SUMMERLAND KEY FL 33042**

**TITLE** **D** ☐ Delete  
**NAME** **VAN ARKEL, IDA**  
**STREET ADDRESS** **P.O. BOX 45**  
**CITY-ST-ZIP** **ST JAMES MI 49782**

**TITLE** **D** ☒ Delete  
**NAME** **NEURATH, JOANN**  
**STREET ADDRESS** **PO BOX 432119**  
**CITY-ST-ZIP** **BIG PINE KEY FL 33043**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME** *Director Tamra Housley*  
**STREET ADDRESS** *5 Emerald Dr*  
**CITY-ST-ZIP** *Big West, FL 33045*

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME** *Director Aaron Labow*  
**STREET ADDRESS** *PO Box 6001*  
**CITY-ST-ZIP** *Key West FL 33041*

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/5/02 305-872-9001*

CR2E034 (9/01)